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ABSTRACT

The study sought to determine if there are differences between shifts of workers in Intermediate Care Facilities in their ratings of the daily living skills of mentally retarded residents, and whether these differences reflect actual differences in performance by the residents. Staff were interviewed concerning the level of prompt required to complete the basic targeted Activity of Daily Living Skills. The results indicated that the 38 clients were rated differently over half the time by workers on morning shifts versus those on evening shifts. Observation of clients on both the morning and evening shifts found that the level of performance stated by the workers was an accurate reflection of the client level of performance. Thus discrepancies between shifts were not just perceptual but reflected the different environments reflected by the two time periods. Different client skill levels appear to be related to the demand characteristic and differential cuing that each time period has. During the morning shift, there are severe time demands to have clients ready for transportation to their programs. Tasks are concentrated into a short period, and cues, such as the cue to self-toilet, are more effective. Implications are outlined for generalization of skills to different stimulus situations. Includes five references. (JDD)

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DIFFERENCES BETWEEN WORKERS ON DIFFERENT SHIFTS IN RATING OF CLIENT SKILLS

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In determining the progress that clients make in achieving goals, Intermediate Care Facilities use a data based task analyzed system. It is expected that in this system, objective data concerning a client's true skill level will be obtained. A problem that is noted by this author is that morning workers obtain different results on skill level than do afternoon/evening workers. Morning workers report that a lesser number of verbal prompts are required for appropriate task performance; however, they also report a higher level of refusals and hand over hand responses. This difference is not attributable to different standards used by the different workers but rather it is shift oriented. When morning workers work afternoon shifts, they report similar responses to afternoon workers and vice-versa. Observations done by the author further indicate that the differences are real. It appears that the different client skill levels are related to the demand characteristic and differential cueing that each time period has. Thus team meetings should focus on the differences so as to ensure that the generalization of skills to different stimulus situations best occurs. Further, reports by a solitary staff member of a client performing a particular skill should be taken seriously and the stimulus required to generate the response should be specified.

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DIFFERENCES BETWEEN WORKERS ON DIFFERENT SHIFTS IN RATING OF CLIENTS SKILLS

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DIFFERENCES BETWEEN WORKERS ON DIFFERENT SHIFTS

IN RATING OF CLIENT SKILLS

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DIFFERENCES BETWEEN WORKERS ON DIFFERENT SHIFTS IN RATING OF CLIENT SKILLS

EZRA S. GAMPEL, PH.D.

In Intermediate Care Facilities for the Mentally Retarded (ICF/MR), clients who are in residence are provided with services to help them learn the Activities of Daily Living. Morning and evening training activities will always concentrate on basic self care such as toileting, eating skills, dressing, bathing and toothbrushing. To accomplish these tasks 7 days a week requires a large staff since no one works more than 40 hours per week. To ensure that all clients are being helped in the same tasks in the same way it has been required by law that clients receive specific program plans that detail the tasks to be worked on, the methods and procedures to be used and include requirements for data collection. The data collection requirements are in a sense a report card of a client's skill on a particular task and can detail progress to a criterion. Additionally, there are case managers who are viewed as responsible for all programs and services provided to the resident client. (Laws of New York State,1989).

The methods that have been used on training residents are based upon a task analysis approach (c.f. Murdoch System 1988) for specifying goals and a specific methodology to be used by all shifts working with the client. The purpose of this approach is to ensure consistency and facilitation in client's progress. The literature on behavior modification techniques especially of operant conditioning reviewed by (Mikulkas,1979 and Walker,1988), show that these approaches are effective in general and a recent American Association of Mental Retardation monograph (Cipani,1989) detail their effectiveness in working with even severe behavior disorders.

Data collection needs to be consisten and accurate if the appropriate modifications in program are to be made. Thus, if different shifts report different levels of achievement on a skill, it would be difficult to plan. This study was designed to determine if there are differences between shifts in their ratings of skills, daily living and whether these differences reflect actual differences in performance by the residents.

METHOD

SUBJECTS: The subjects in our study were 38 residents living at the Jewish Board of Family and Children's Services/Mishkon facility, a program that deals with mostly profoundly, severely and low moderately retarded clients with some exceptions for those who have autistic behaviors or other behavioral emotional problems. There are in fact 52 clients at the facility, however, 14 of them are wheelchair bound and severely motorically impaired. Therefore, data from this group was likely not informative since everyone agreed on them being at a fully physical guidance level of responding. I therefore worked with the remaining 38 clients. They were classified as one mildly retarded, six moderately retarded and thirty-one severely and profoundly retarded. Their age range was from 8 to 28 with the majority clustering between 13 and 21. All clients attended either day programs or Board of Education funded Special Education classes where they were kept in separate class programs.

A typical weekday for these residents was the following: wake up at approximately 6 AM (although several awakened earlier in order to be ready for the school bus that arrived by 6:45 AM, toileting, bathing when necessary, dressing, eating breakfast, getting one's clothing and being ready for the bus by 6:45 AM for the earliest group, and by as late as 7:15 AM for the

late group. Clients were at programs until approximately 3:15 PM when they would return. Between 3:15 and 6:00 PM when dinner took place, snack was provided, a recreational activity was provided, as well as work on specific school goals and homework. At approximately 5:45 PM set up for dinner, including all washings of hands and face, putting away all materials, setting tables, etc. was begun so that by approximately 6:00 PM all clients were beginning dinner. By approximately 7:00 PM evening activities would begin, and these would tend to be leisure skills as well as toileting skills where necessary. By 8:00 PM usually in most apartments, prepaeations for bathing and getting ready for bed would occur, with the older groups starting this process as late as 9 or 9:15 PM. The afternoon shift went off duty at approximately 10 PM by which time it was expected that all clientele, with the exception of those above the age of 19 were already in bed. The overnight shift would then be on from 10 PM until about 6 AM and in some cases until 8 AM where they would be working with the morning shift workers who tended to be part time employees.

PROCEDURE: Staff assigned to a particular client from Activity of Daily Living training, who worked morning and evening shifts, were interviewed by the author concerning the level of prompt required to complete the basic Activity of Daily Living Skills that had been determined by the team as priorities to work on. They stated whether the clients could complete the task independently with limited verbal direction, with continuous verbal direction, with gestural cues, with partial physical guidance or full physical guidance. They were also asked to rate the amount of resistance they received in attempting to program.

RESULTS: Of 140 Activities of Daily Living Goals that clients were working on, there were 75 discrepancies of data. These discrepancies were:

1) 15 goals where there was a discrepancy in distinguishing between full and partial physical guidance.

2) 30 goals where there was a discrepancy between the continuous verbal level of functioning and the need for full or partial physical guidance. In this situation, afternoon and evening workers rated the clients as being at a higher level 26 of the 30 times.

3) 28 goals where there was a discrepancy between the verbal and independent level of functioning. In this situation, morning workers rated the clients as being at a higher level 27/28 times.

4) The Gestural level prompt was used only for 2 goals by a particular worker.

5) Morning workers rated the resistance shown by residents as greater for 20 of the 38 cases.

DISCUSSION: The results indicate that clients are rated differently over half the time by workers on morning vs those on evening shifts. The discrepancy is quite marked in that independence is not as often noted by afternoon/evening workers and morning workers do not as often rate resident responses that require continuous direction. When these discrepancies were discussed, workers indicated that they were honestly indicating the true level of performance and appropriately described each of the prompt levels. The author therefore observed clients on both the morning and evening shifts and found that the level of performance stated by the workers was an accurate reflection of the client level of performance. Thus discrepancies between shifts were not just perceptual but reflect the very different environments the two time periods reflect. These different environments are best shown

by the different requirements of each shift. The morning shift has the responsibility of waking up the clients and having them ready for transportation to a program within 50-75 minutes. Clients must be awakened at the latest by 6 AM if the 7 AM busses are to be met. Therefore, a worker who is generally responsible for 3 clients is under severe time demands to ensure that toileting, toothbrushing, dressing, eating as well as bathing when necessary must be completed within a short time. The afternoon/evening shift which works until 10 PM has well over 2 hours depending upon the age and need of the client to complete these same goals. They are expected to put extra effort into ensuring that goals are done well. It may be that these different demands result in different behaviors by the clients. In the morning shift, there are severe time demands. Thus all tasks are concentrated into a short period. Cues are more effective. Upon wakeup, the intense cue to self toilet is likely quite intense. This leads to effective toileting which then cues hand and face washing and toothbrushing, followed by dressing, eating and getting ready for the out of residence programs. Thus where clients are at a verbal level, the cues of the environment are strong enough to result in a client completing the task without interventions. This would explain why the morning shift workers are more likely to rate clients who are at the verbal level in the afternoon/evening as being independent.

In the evening shift, there are far fewer time demands. The after dinner period is frequently spent on leisure and winding down. Thus when it is time for one basic Activities of Daily Living Training, it is much easier for workers to spend more individualized time with each person. Thus, they are more willing to provide time for clients to perform tasks as well as a willingness to repeat their direction. Thus clients will more likely work at a continuous verbal direction level with afternoon/evening workers,

than morning workers who may find it necessary to more quickly use higher assistance prompts like partial physical guidance. This issue is further buttressed by the morning worker's report of greater amounts of resistance by residents to program schedules.

The above analysis has several impoications. First, even with precise methodologies and specific goals, it may be impossible to develop enough of an unvarying environment that a consisten level of functioning from which to plan new goals develop. In many cases, it may be that programs are not accurately reflecting the resident's most consistent level and therefore program plans may be either too advanced or too low for the particular client. Interestingly, many agencies that use shifts will tend to emphasize the results of the afternoon/evening workers as being more accurate. (Personal Knowledge of ICF/MR Programs in New York).

Secondly, any program plan for a client should take into account the time that he/she functions best and determine the cues and possible reinforcers that generate it. Insights from performance on different shifts could result in more effective program planning.

Third, since circumstances are different even within an ICF/MR setting and affect client performance, it becomes extremely imp9rtant to train workers in the principles of learning and developing effective environments for learning rather than just being knowledgeable in following a methodology plan. It is likely that different techniques are required at different times or when a client's mood varies. This leads to the need to further train workers in methods of approaching clients, responding to their cues and relating to them. Evidence for this idea comes from a commonplace at most facilities that certain workers are capable of accomplishing large numbers of goals with clients, while others using our same methodologies accomplish extremely

little over equivalent periods of time. The effect upon clients performance of more intensive training of workers in the above skills awaits further research.

Last, this research indicates that a parent's rating of their child's skills may be more accurate than we generally believe. We should spend more time discovering the areas that lead to performance at home and thus facilitate further skill development.

REFERENCES

Laws of New York. (1989) NYCRR 684.

Cipani, E. Ed. (1989). The Treatment of Severe Behavior Disorders. Washington,D.C.: American Association on Mental Retardation.

Mikulkas, W.L. (1978). Behavior Modification. New York: Harper and Row.

Walker, J., Shea, T.M. (1988). Behavior Management.4th Ed. Columbus, Ohio: Charles Merrill.

Wheeler, A., Miller,R., Springer,B., Poteet, N., Thornhill,C., and Myers, A.(1987). Murdoch Center Program Library.Butler,N.C.: Murdoch Center Foundation, Inc.